

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CA</i>	<i>WAB</i>	<i>1/21/00</i>
O.I.P.E. CLASSIFIER			<i>3/15/00</i>
FORMALITY REVIEW	<i>AT</i>	<i>JC 832</i>	<i>1-29-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected M Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/21/00
2	✓	✓	1/21/00
3	✓	✓	1/21/00
4	✓	✓	1/21/00
5	✓	✓	1/21/00
6	✓	✓	1/21/00
7	✓	✓	1/21/00
8	✓	✓	1/21/00
9	✓	✓	1/21/00
10	✓	✓	1/21/00
11	✓	✓	1/21/00
12	✓	✓	1/21/00
13	✓	✓	1/21/00
14	✓	✓	1/21/00
15	✓	✓	1/21/00
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31	✓	✓	1/21/00
32	✓	✓	1/21/00
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47	✓	✓	1/21/00
48	✓	✓	1/21/00
49	✓	✓	1/21/00
50	✓	✓	1/21/00

Claim	Final	Original	Date
51	✓	✓	1/21/00
52	✓	✓	1/21/00
53	✓	✓	1/21/00
54	✓	✓	1/21/00
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56	✓	✓	1/21/00
57	✓	✓	1/21/00
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97	✓	✓	1/21/00
98	✓	✓	1/21/00
99	✓	✓	1/21/00
100	✓	✓	1/21/00

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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